

Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,)	
)	REQUEST FOR APPROVAL OF
)	DISPUTED CHARGE
v.)	
)	
PAYOR,)	
)	
_____)	

In re:

PATIENT:

DATE(S) OF SERVICE:

DISPUTED AMOUNT: \$

Comes now _____, Provider, pursuant to Rule 19, JRP, and requests the Industrial Commission of the State of Idaho for an order approving the fees for health care services set forth in Appendix "A" attached hereto, which fees have been disputed. Payor has 21 calendar days from the date it receives this request to file its response. Rule 19, JRP.

Documents submitted in support of this request are attached hereto and included the following:

- 1.
- 2.
- 3.
- 4.
- 5.

This request is further supplemented by the attached Affidavit,
which is incorporated by reference herein. See Appendix B.

DATED this _____ day of _____, 20____.

Provider or Agent

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____,
20____, a true and correct copy of this Request was served on each of
the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE ID 83720-0041

US Mail _____
Hand Delivery _____
Fax _____

Payor's Address:

US Mail _____
Hand Delivery _____
Fax _____

Signature

APPENDIX A
REQUEST FOR APPROVAL OF DISPUTED CHARGE

Date of Service	CPT Code / Item Description (CPT Code is preferred)	Amount Billed	Amount Paid	Amount Objected to
TOTALS	(expand as necessary)			

APPENDIX B

AFFIDAVIT OF USUAL AND CUSTOMARY

I, _____, hereby attest and certify
that:

1. I have personal knowledge of the information stated in this Affidavit, and it is true and accurate to the best of my information and belief.
2. The charges listed in Appendix A arose from medical services for an industrial injury under the Idaho Workers' Compensation law.
3. The charges listed in Appendix A are this Provider's most frequent charge(s) for the item(s) listed.
4. These charges are the same for all patients, whether industrially injured or not.
5. Attached hereto, or set out below, is: (check one)
_____ an accurate copy of our standard fee schedule for the items in Appendix A, (or)
_____ bills for other patients, non-industrially injured, for the same service/treatment/charge.

DATED This _____ day of _____, 20____.

Provider or Agent

Appendix 6B